



STATE OF IDAHO
REMOVAL OF CONVEYANCE FROM ACTIVE STATUS

Division of Building Safety
Industrial Safety - Elevator Safety Program
1090 E. Watertower St. Meridian, ID 83642
(208) 334-2129, Fax (208) 855-9494
www.state.id.us/dbs/industrial



INSTRUCTIONS:

- This form is to be completed by the owner or owner's representative of the elevator/conveyance.
- Please complete a form for each elevator/conveyance.

SITE INFORMATION:

Site Name: _____
Address: _____
City/State/Zip: _____
Phone number: _____
State ID #: _____

OWNER INFORMATION:

Owner Name: _____
Address: _____
City/State/Zip: _____
Phone number: _____
Serial #: _____

EQUIPMENT DATA / TYPE / USE

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Sidewalk elevator | <input type="checkbox"/> Rack & pinion | <input type="checkbox"/> Verticle Chair Lift |
| <input type="checkbox"/> Escalator | <input type="checkbox"/> Freight | <input type="checkbox"/> Inclined elevator | <input type="checkbox"/> Platform Lift |
| <input type="checkbox"/> Auto transfer device | <input type="checkbox"/> LULA | <input type="checkbox"/> Type A mat. Lift | <input type="checkbox"/> Dumbwaiter |
| <input type="checkbox"/> Personnel elevator | <input type="checkbox"/> Screw column | <input type="checkbox"/> Type B mat. Lift | |
| <input type="checkbox"/> Roof top elevator | | <input type="checkbox"/> Inclined Chairlift | |

DRIVE TYPE		MACHINE LOCATION	RATED SPEED/RISE	ADDITIONAL PARAMETERS
<input type="checkbox"/> Traction	<input type="checkbox"/> Roped sprocket	<input type="checkbox"/> Overhead <input type="checkbox"/> None	DN: fpm	No. of floors:
<input type="checkbox"/> Direct plunger	<input type="checkbox"/> Screw drive	<input type="checkbox"/> Basement	UP: fpm	Front openings:
<input type="checkbox"/> Winding drum	<input type="checkbox"/> Rack & pinion	<input type="checkbox"/> Adjacent		Rear openings:
<input type="checkbox"/> Chain sprocket	<input type="checkbox"/> Roped hydraulic	<input type="checkbox"/> Removed	Blind Hoistway: Y N	Angle of incline: °
<input type="checkbox"/> Lever hydraulic	<input type="checkbox"/> Other:	<input type="checkbox"/> Machine below	Total travel:	Capacity: lbs.
<input type="checkbox"/> Friction		Clear overhead: ft.		

REMOVAL INFORMATION

The conveyance is being removed from active operational status for the following reason(s):

- ☐ Immediate hazard to life & limb
- ☐ Uncorrected safety or code violations
- ☐ No current Certificate to Operate
- ☐ No installation or alteration permit
- ☐ Voluntary removal from service

EXPLANATION:

ACKNOWLEDGEMENT

The owner or owner's representative acknowledges that this unit cannot be used for any purpose nor returned to active service until a safety inspection has been performed by the Division of Building Safety and a Certificate to Operate has been obtained. All outstanding fees relating to this unit must be paid in full. Failure to abide by these regulations will affect the Certificate to Operate.

Effective: _____
State Elevator Inspector: _____ No: _____ Date: _____
Owner or owner's representative: _____ Date: _____